STATE PRIMARY CARE GRANTS PROGRAM
FOR MEDICALLY UNDERSERVED POPULATIONS

State Fiscal Year 2009-2010 Application Instructions Checklist

A COMPLETE ORIGINAL APPLICATION must be submitted by **Thursday, May 16, 2009**, to the Office of Primary Care and Rural Health.

The Application must be submitted by U.S. Mail or hand delivered ***(faxed copies will NOT be accepted)***:

U.S. Mail Delivery Address:
Office of Primary Care and Rural Health
Utah Department of Health
P.O. Box 142005
Salt Lake City, Utah 84114-2005.

Street Address for Hand Delivery:
Office of Primary Care and Rural Health
Utah Department of Health
3760 South Highland Drive, Suite 404
Salt Lake City, Utah 84106
DO NOT MAIL TO STREET ADDRESS.

Applications that are incomplete, submitted after the deadline, or requesting more funding than they are eligible to request may be delayed or denied review.

NOTE

✔ Applicants should review the "Definitions Used by the State Primary Care Grants Program." This information is attached to this packet and also listed on our web site at:
http://health.utah.gov/primarycare/pdfs11-00/PrimaryCare/SPCG-Definitions.pdf

✔ Applicants should also review the "Detailed Criteria for Scoring" applications to the State Primary Care Grants Program. This information is attached to this packet and also listed on our web site at:
http://health.utah.gov/primarycare/pdfs11-00/PrimaryCare/SPCG-Scoring.pdf

Funding from the State Primary Care Grants Program **CAN NOT** be used to supplant other existing funding sources. This means that the number of encounters or visits funded by the State Primary Care Grants Program should be over and above the number of encounters or visits covered by other funding sources available to the Applicant Agency.

Primary care services not covered by CHIP, Medicaid, Medicare, PCN, other public health care coverage, or private insurance **MAY** be considered, **IF** the primary care services and costs are clearly detailed and listed in the Application.

State Primary Care Grants Program funding **CAN ONLY BE USED** to provide primary care services to United States Citizens AND legal residents of the State of Utah.

ONLY Private Non-Profit Agencies and Public Entities are eligible for funding
(Section 26-17-302(1), UCA).

STATE PRIMARY CARE GRANTS PROGRAM
FOR MEDICALLY UNDERSERVED POPULATIONS

State Fiscal Year 2009-2010 Application Instructions Checklist

CHECKLIST FOR SUBMITTAL

The ***UNBOUND*** original Application must be submitted in the following order:

*Please note: A cover letter is **not** necessary.*

☐ Proposed Project Summary Sheet, completed.

☐ Proposed Project Application *Narrative Questions*, Proposed Project Applications that fail to adequately answer ALL questions will NOT be considered for review. Responses to the Proposed Project Application *Narrative Questions* should be NO MORE than four (4) pages total with one inch margins. The font should NOT be smaller than 10-point. Lines should be double-spaced. Each narrative question must be answered in the order presented. Each page should be numbered and have the name of the Proposed Project and Applicant Agency within the top one inch margin.

☐ Proposed Project Services to be Provided list, completed.

☐ Proposed Project Projections forms, completed.

☐ Proposed Project Sliding Fee Scale used to determine *actual fee to be charged to clients*. Please include a copy of the Sliding Fee Scale that a client uses to determine charges. *If the Proposed Project Applicant does not require their clients to pay a co-payment, please explain why.* **DO NOT INCLUDE ACTUAL LIST OF FEES CHARGED PER PROCEDURE.**

☐ Agency Balance Sheet and Annual Report. Please include a copy of your agency's most recent Audited Annual Report ***(UNBOUND)***, with your one (1) page Balance Sheet ***on top*** of the Audited Annual Report.

☐ Agency Proof of Non-Profit Status. **ALL** agencies must supply a copy of proof of non-profit status. Proof of non-profit status can include, but is not limited to, correspondence from the Internal Revenue Service determining your exemption from federal income tax under section 501 (a) of the Internal Revenue Code as an organization described in section 501 (c) (3).

☐ Taxpayer Identification Number. **ALL** Applicant Agencies **MUST** supply a currently dated and completed W-9 form, "Request for Taxpayer Identification Number and Certification." The form is available from the Internal Revenue Service (IRS) web site at: http://www.irs.gov/pub/irs-pdf/fw9.pdf.

☐ Grantee Assurances. **ALL** Applicant Agencies **MUST** supply a currently dated and completed "Grantee Assurances for Subgrantees to the Utah Department of Health." The three (3) page form is available in this packet right before the attachments listing.

☐ Proposed Project Application Instructions Checklist. Please include this completed Checklist with your **UNBOUND** original Application.

Funding from the State Primary Care Grants Program **CAN NOT** be used to supplant other existing funding sources. This means that the number of encounters or visits funded by the State Primary Care Grants Program should be over and above the number of encounters or visits covered by other funding sources available to the Applicant Agency.

Primary care services not covered by CHIP, Medicaid, Medicare, PCN, other public health care coverage, or private insurance **MAY** be considered, **IF** the primary care services and costs are clearly detailed and listed in the Application.

State Primary Care Grants Program funding CAN ONLY BE USED to provide primary care services to United States Citizens and legal residents of the State of Utah.

ONLY Private Non-Profit Agencies and Public Entities are eligible for funding
(Section 26-17-302(1), UCA).

STATE PRIMARY CARE GRANTS PROGRAM
FOR MEDICALLY UNDERSERVED POPULATIONS

State Fiscal Year 2009-2010 Proposed Project Application Narrative Questions

The responses to the items listed below for the Proposed Project Application should be **UNBOUND**, NO MORE than four (4) pages total with one inch margins. The font should NOT be smaller than 10-point. Lines should be double-spaced. The count of the four (4) pages total *does not include* the required forms that must be included with the Proposed Project Application (see Application Instructions Checklist). Each narrative question must be answered in the order presented. Each page should be numbered and have the name of the Proposed Project and the name of the Agency applying for funding. Please be concise and succinct with your responses. Note that the Proposed Project budget narrative (described on the following page) is separate from the Proposed Project Application. Proposed Project Applications that are submitted after the deadline may be delayed or denied review.

Each question must be answered and numbered in the following order:

1. **SUMMARY PARAGRAPH DESCRIBING THE PARENT AGENCY**. Briefly describe the parent agency of the Proposed Project. Paragraph should include: Agency mission, goals, and objectives; how the Agency is managed (county owned, managed by a board or commission, etc.); length of time Agency has been established (been in business); and populations served by Agency. *This section is for Agency information, not Proposed Project information.*

The following questions must be answered for the Proposed Project, not for the parent agency.

2. **PROPOSED PROJECT TARGET POPULATION(S)**: Briefly describe the medically underserved population(s) that the Proposed Project objective(s) will serve **and** include an assessment of need for this population.

3. **PROPOSED PROJECT OBJECTIVES**: Provide specific, measurable objective(s), as well as proposed activities, outcomes, and measures for each Proposed Project objective. Please assure to describe the Proposed Project objectives that you are requesting funding for, **not** the objectives of your entire Agency.

4. **PROPOSED PROJECT EVALUATION/QUALITY REVIEW:** Provide a brief description of the evaluation/quality review program that your Agency will use for the Proposed Project objective(s). Evaluation/quality review programs, may include but are not limited to, the capacity to examine topics such as patient satisfaction and access; quality of clinical care; quality of the work force and work environment; cost and productivity; and health status outcomes.

Funding from the State Primary Care Grants Program CAN NOT be used to supplant other existing funding sources. This means that the number of encounters or visits funded by the State Primary Care Grants Program should be over and above the number of encounters or visits covered by other funding sources available to the Applicant Agency.

Primary care services not covered by CHIP, Medicaid, Medicare, PCN, other public health care coverage, or private insurance MAY be considered, IF the primary care services and costs are clearly detailed and listed in the Application.

State Primary Care Grants Program funding CAN ONLY BE USED to provide primary care services to United States Citizens and legal residents of the State of Utah.

ONLY Private Non-Profit Agencies and Public Entities are eligible for funding
(Section 26-17-302(1), UCA).

STATE PRIMARY CARE GRANTS PROGRAM
FOR MEDICALLY UNDERSERVED POPULATIONS

State Fiscal Year 2009-2010 Proposed Project Application Narrative Questions

5. **PROPOSED PROJECT INNOVATION:** Provide a description of innovative aspects that your Agency will use to complete the Proposed Project objectives(s). Innovative aspects may include, but are not limited to: creating value out of new or different ideas, new products, new services, or new ways of doing things. These innovative aspects are determined based on whether they are new or different, efficient, and have significant benefit to the community and the underserved populations served by the Proposed Project.

6. **PROPOSED PROJECT COLLABORATION**: Provide information about any existing or future partnerships, collaborative efforts, use of volunteers, or other resources that your Agency will use to complete the Proposed Project objective(s).

7. **PROPOSED PROJECT SUSTAINABILITY OF FUNDING**: Provide a plan of financing for the target population(s), *if State Primary Care Grants Program funding were no longer available*. Also provide evidence of "Other Sources of Funding" for the primary care services provided by your Proposed Project (e.g., funding from the Utah Department of Health, Cardiovascular Program, for blood pressure screening).

8. **PROPOSED PROJECT BUDGET NARRATIVE**: Before reviewing and submitting a Budget and Budget Narrative, Applicant Agencies should review Attachment F, "2009-2010 Maximum Eligible Application Amount by Agency and Project." 2009-2010 *State Primary Care Grants Program* applications will not be considered if the Applicant Agency applies for more funding than they are eligible to apply for.

   Please provide a brief Proposed Project budget narrative. The Proposed Project budget narrative must explain each Line Item Category of the Proposed Project budget (see the Proposed Project Summary Sheet on the following page). Briefly describe the personnel who will oversee and/or complete Proposed Project activities. Explain other sources of funding included in the Proposed Project budget, such as grants, third party payments (e.g., CHIP, Medicaid, Medicare, PCN,, other public health care coverage, private insurance), donations, etc.

   Please be aware that Equipment and Travel costs ***will not*** be covered by State Primary Care Grants Program funding.

Funding from the State Primary Care Grants Program **CAN NOT** be used to supplant other existing funding sources. This means that the number of encounters or visits funded by the State Primary Care Grants Program should be over and above the number of encounters or visits covered by other funding sources available to the Applicant Agency.

Primary care services not covered by CHIP, Medicaid, Medicare, PCN, other public health care coverage, or private insurance **MAY** be considered, **IF** the primary care services and costs are clearly detailed and listed in the Application.

State Primary Care Grants Program funding CAN ONLY BE USED to provide primary care services to United States Citizens and legal residents of the State of Utah.

ONLY Private Non-Profit Agencies and Public Entities are eligible for funding
(Section 26-17-302(1), UCA).

STATE PRIMARY CARE GRANTS PROGRAM
FOR MEDICALLY UNDERSERVED POPULATIONS

IDENTIFYING INFORMATION	
Title of Proposed Project: *(Please provide descriptive title)*	
Name of Agency:	
Contact Name ***and*** Title:	
Mailing Address:	
Street Address (if different than mailing address):	
City, State, Zip:	
Telephone:	Fax:
Email Address:	Tax Identification Number:

A COMPLETE ORIGINAL APPLICATION must be submitted by **Thursday, May 16, 2009**, to the Office of Primary Care and Rural Health.

The Application must be submitted by U.S. Mail or hand delivered ***(faxed and emailed copies will NOT be accepted)***:

U.S. Mail Delivery Address:
Office of Primary Care and Rural Health
Utah Department of Health
P.O. Box 142005
Salt Lake City, Utah 84114-2005.

Street Address for Hand Delivery:
Office of Primary Care and Rural Health
Utah Department of Health
3760 South Highland Drive, Suite 404
Salt Lake City, Utah 84106
DO NOT MAIL TO STREET ADDRESS.

Applications that are incomplete, or submitted after the deadline, may be delayed or denied review.

Funding from the State Primary Care Grants Program **CAN NOT** be used to supplant other existing funding sources. This means that the number of encounters or visits funded by the State Primary Care Grants Program should be over and above the number of encounters or visits covered by other funding sources available to the Applicant Agency.

Primary care services not covered by CHIP, Medicaid, Medicare, PCN, other public health care coverage, or private insurance **MAY** be considered, **IF** the primary care services and costs are clearly detailed and listed in the Application.

State Primary Care Grants Program funding CAN ONLY BE USED to provide primary care services to United States Citizens and legal residents of the State of Utah.

ONLY Private Non-Profit Agencies and Public Entities are eligible for funding
(Section 26-17-302(1), UCA).

STATE PRIMARY CARE GRANTS PROGRAM
FOR MEDICALLY UNDERSERVED POPULATIONS

State Fiscal Year 2009-2010 Proposed Project Summary Sheet

Name of Applicant Agency _____

Name of Proposed Project _____

PROPOSED PROJECT SUMMARY INFORMATION Proposed Project budgets should be for the period July 1, 2009 through June 30, 2010		
Dollar Amount for Proposed Project: $		
PROPOSED PROJECT EXPECTS TO SERVE:	Number of Proposed Project "Users"[2]:_____ The number of medically underserved individuals the State Primary Care Grants Program Proposed Project expects to serve.	Number of Proposed Project "Encounters"[1]:_____ The number of "encounters" that the Proposed Project expects to provide (**over and above** the Agency baseline encounters).
The Precise Boundaries of the Area to be Served by the Proposed Project [you ***MUST*** specify the City(s) and/or County(ies)]. Note Answer Required:		

PROPOSED PROJECT SUMMARY INFORMATION Proposed Project budgets should be for the period July 1, 2009 through June 30, 2010			
Line Item Category	**Column A**	**Column B**	**Column C** **Column A + Column B = Column C**
	Proposed Project Requested Funding	**Other Sources of Project Funding**	**Total Project Funding**
Salary & Fringe Benefits	$	$	$
Travel	$ NA	$	$
Equipment	$ NA	$	$
Supplies	$	$	$
Contractual	$	$	$
Total Costs	$	$	$

[1] "Encounter" means a face-to-face contact between an eligible individual and the awarded Agency's health care provider who exercises independent judgement in the provision of primary care services to the eligible individual and where the services provided under the Proposed Project are rendered and recorded in the eligible individual's record.

[2] "Users" are defined as Eligible Individuals, and means any person, or member of a family, served by the Awarded agency and receives at least one face-to-face encounter.

[3] "Eligible Individual" is defined as is: low income at or below 200 percent of the federal poverty level, or without health insurance including CHIP and Medicaid, or without health insurance that covers primary health care services, or without health insurance that covers a particular primary health care service; has not received primary health care services on an uncompensated basis in the last 24 months; and is a U.S. Citizen AND a resident of the State of Utah.

STATE PRIMARY CARE GRANTS PROGRAM
FOR MEDICALLY UNDERSERVED POPULATIONS

State Fiscal Year 2009-2010 Proposed Project Services to be Provided

Name of Applicant Agency _____

Name of Proposed Project _____

Proposed Project Services To Be Provided		
In Column A, please check (✓) all corresponding services that the Proposed Project expects to provide to eligible individuals. ***Please note Proposed Project services ONLY, NOT Agency-wide services.***		
SERVICE TYPE		**COLUMN A**
Primary Medical Care Services ***Please note Proposed Project services ONLY, NOT Agency-wide services.***	General Primary Medical Care	
	Diagnostic Laboratory	
	Diagnostic X-ray	
	Diagnostic Tests/Screens/Analysis	
	Family Planning	
	Following Hospitalized Patients	
	HIV Testing	
	Immunizations	
	Mammography	
	Tuberculosis Therapy	
	Urgent Medical Care	
	24 Hour Coverage	
OB/GYN Care ***Please note Proposed Project services ONLY, NOT Agency-wide services.***	Gynecologic Care	
	Pap Smear	
	Obstetric Care	
	Prenatal Care	
	Labor and Delivery Professional Care	
	Postpartum Care	
Dental Services ***Please note Proposed Project services ONLY, NOT Agency-wide services.***	Preventive	
	Restorative	
	Emergency	
Mental Health Services ***Please note Proposed Project services ONLY, NOT Agency-wide services.***	Mental Health Treatment/Counseling	
	Developmental Screening	
	24 Hour Crisis Intervention/Counseling	
	Other Mental Health Services	
	Substance Abuse Treatment/Counseling	
	Other Substance Abuse Services	

[1] "Encounter" means a face-to-face contact between an eligible individual and the awarded Agency's health care provider who exercises independent judgement in the provision of primary care services to the eligible individual and where the services provided under the Proposed Project are rendered and recorded in the eligible individual's record.

[2] "Users" are defined as Eligible Individuals, and means any person, or member of a family, served by the Awarded agency and receives at least one face-to-face encounter.

[3] "Eligible Individual" is defined as is: low income at or below 200 percent of the federal poverty level, or without health insurance including CHIP and Medicaid, or without health insurance that covers primary health care services, or without health insurance that covers a particular primary health care service; has not received primary health care services on an uncompensated basis in the last 24 months; and is a U.S. Citizen AND a resident of the State of Utah.

STATE PRIMARY CARE GRANTS PROGRAM
FOR MEDICALLY UNDERSERVED POPULATIONS

State Fiscal Year 2009-2010 Proposed Project Services to be Provided

Name of Applicant Agency _____

Name of Proposed Project _____

Proposed Project Services To Be Provided		
In Column A, please check (✓) all corresponding services that the Proposed Project expects to provide to eligible individuals. ***Please note Proposed Project services ONLY, NOT Agency-wide services.***		
SERVICE TYPE		**COLUMN A**
Other Professional Services ***Please note Proposed Project services ONLY, NOT Agency-wide services.***	Hearing Screening	
	Nutrition Services Other than WIC (Women, Infants, and Children Supplemental Nutrition Program)	
	Occupational/Vocational Therapy	
	Physical Therapy	
	Pharmacy Services	
	Vision Screening	
Enabling Services ***Please note Proposed Project services ONLY, NOT Agency-wide services.***	Case Management	
	Child Care (during visit to clinic)	
	Discharge Planning	
	Health Education	
	Home Visiting	
	Interpretation/Translation Services	
	Nursing Home and Assisted-Living Placement	
	Outreach	
	Parenting Education	
	Transportation	

[1] "Encounter" means a face-to-face contact between an eligible individual and the awarded Agency's health care provider who exercises independent judgement in the provision of primary care services to the eligible individual and where the services provided under the Proposed Project are rendered and recorded in the eligible individual's record.

[2] "Users" are defined as Eligible Individuals, and means any person, or member of a family, served by the Awarded agency and receives at least one face-to-face encounter.

[3] "Eligible Individual" is defined as is: low income at or below 200 percent of the federal poverty level, or without health insurance including CHIP and Medicaid, or without health insurance that covers primary health care services, or without health insurance that covers a particular primary health care service; has not received primary health care services on an uncompensated basis in the last 24 months; and is a U.S. Citizen AND a resident of the State of Utah.

STATE PRIMARY CARE GRANTS PROGRAM
FOR MEDICALLY UNDERSERVED POPULATIONS

State Fiscal Year 2009-2010 Proposed Project Projections
Projections for Period: July 1, 2009 thru June 30, 2010

Name of Applicant Agency _____

Name of Proposed Project _____

1. Expected "Encounter" [1] information, for the period 07/01/2009 through 06/30/2010

BASELINE DATA FOR YOUR AGENCY	PROPOSED PROJECT
Agency-wide data, NOT Proposed Project data	**Expected Proposed Project Encounters [1]**
Total number of encounters [1] *for your Agency's* most recent fiscal year	Total number of Proposed Project patient encounters [1] 07/01/2009 through 06/30/2010

PLEASE USE BEST ESTIMATES (PROJECTIONS) OF "USERS" EXPECTED TO BE SERVED BY YOUR PROPOSED PROJECT.

2. Expected Proposed Project "Users" [2] by Age, for the period 07/01/2009 through 06/30/2010

Age Groups	Number of Proposed Project "Users" [2]
0 - 19	
20 - 64	
65 and over	
Total Proposed Project "Users" [2]	

3. Expected Proposed Project "Users" [2] by Income Level, for the period 07/01/2009 through 06/30/2010

Percent of Poverty Level	Number of Proposed Project "Users" [2]
100% and below	
101 - 200%	
Above 200%	
Unreported/unknown	
Total Proposed Project "Users" [2]	

[1] "Encounter" means a face-to-face contact between an eligible individual and the awarded Agency's health care provider who exercises independent judgement in the provision of primary care services to the eligible individual and where the services provided under the Proposed Project are rendered and recorded in the eligible individual's record.

[2] "Users" are defined as Eligible Individuals, and means any person, or member of a family, served by the Awarded agency and receives at least one face-to-face encounter.

[3] "Eligible Individual" is defined as is: low income at or below 200 percent of the federal poverty level, or without health insurance including CHIP and Medicaid, or without health insurance that covers primary health care services, or without health insurance that covers a particular primary health care service; has not received primary health care services on an uncompensated basis in the last 24 months; and is a U.S. Citizen AND a resident of the State of Utah.

STATE PRIMARY CARE GRANTS PROGRAM
FOR MEDICALLY UNDERSERVED POPULATIONS

State Fiscal Year 2009-2010 Proposed Project Projections
Projections for Period: July 1, 2009 through June 30, 2010

Name of Applicant Agency _____

Name of Proposed Project _____

4. **Expected Total Proposed Project "Users" [2] by Insurance Status**, for the period 07/01/2009 through 06/30/2010

Number of Proposed Project "Users" [2] Uninsured	Number of Proposed Project "Users" [2] Underinsured

5. **Expected Proposed Project "Users" [2] by Members of Race/Ethnicity Who Suffer Health Care Disparities** *(see "Definitions" of underinsured and uninsured)*, for the period 07/01/2009 through 06/30/2010

Race/Ethnicity	Number of Proposed Project "Users" [2]
American Indian or Alaska Native	
Black or African American	
Native Hawaiian or Other Pacific Islander	
Hispanic or Latino	
Total Proposed Project "Users" [2] by Race/Ethnicity	

Total Proposed Project "Users" [2]	

[1] "Encounter" means a face-to-face contact between an eligible individual and the awarded Agency's health care provider who exercises independent judgement in the provision of primary care services to the eligible individual and where the services provided under the Proposed Project are rendered and recorded in the eligible individual's record.

[2] "Users" are defined as Eligible Individuals, and means any person, or member of a family, served by the Awarded agency and receives at least one face-to-face encounter.

[3] "Eligible Individual" is defined as is: low income at or below 200 percent of the federal poverty level, or without health insurance including CHIP and Medicaid, or without health insurance that covers primary health care services, or without health insurance that covers a particular primary health care service; has not received primary health care services on an uncompensated basis in the last 24 months; and is a U.S. Citizen AND a resident of the State of Utah.

CONTRACTOR/GRANTEE ASSURANCES MADE TO THE UTAH DEPARTMENT OF HEALTH

The assurances given below are material representations of fact upon which reliance is placed in entering into Contracts or Grants with the Utah Department of Health. As the duly authorized representative of the proposed Contractor or Grantee, I certify that the legal business name and form of the proposed Contractor or Grantee is as follows (check all that apply):

Business Name: _____
Address: _____
_____
Phone Number: _____

☐ Local Public Procurement Unit under the Utah Procurement Code (UCA § 63-56-105)
☐ College or University ☐ Indian Tribal Government ☐ Other Governmental Entity (describe):
☐ Sole Proprietor/Individual ☐ Professional Corporation
☐ For-profit Corporation ☐ Non-profit Corporation (I.R.C. § 501(c)(3))
☐ Partnership ☐ Limited Partnership
☐ Limited Liability Company ☐ Association/Consortium (describe):

I certify that the proposed Contractor or Grantee:

1. has completed Internal Revenue Service form W-9, Request for Taxpayer Identification Number and Certification, and is attached to this document. Electronic copy of this document is available at the following web address: **http://www.irs.gov/pub/irs-pdf/fw9.pdf**

2. has the institutional, managerial, and financial capability to ensure proper planning, management, and completion of the project described in the Contract(s) or Grant(s) with the Utah Department of Health and has in place the fiscal control and accounting procedures sufficient to meet the financial reporting, accounting records, internal control, budget control, allowable cost, source documentation, and cash management requirements of the federal OMB Common Rule § 20(b)(1) through (7), or federal OMB Circular A-110, Attachment F - Standards for Financial Management Systems as cited in Table 1 depending upon the appropriate business form of the Contractor or Grantee.

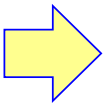
3. shall comply with all applicable federal and State of Utah regulations concerning cost principles, audit requirements, and grant administration requirements, cited in Table 1. All federal and state principles and requirements cited in Table 1 are available on the Web at the addresses indicated, and by signing this document the proposed Contractor or Grantee acknowledges receipt of these documents.

Table 1

Federal and State Principles and Requirements				
Proposed Contractor or Grantee	Cost Principles	Federal Audit Requirements	State Audit Requirements	Grant Admin. Requirements
State or Local Govt. & Indian Tribal Govts	OMB Circular A-87	OMB Circular A-133	SULCAG	OMB Common Rule (Circular A-102)
Hospitals	45 CFR 74	OMB Circular A-133	SULCAG	OMB Common Rule or Circular A-110
College or University	OMB Circular A-21	OMB Circular A-133	SULCAG	OMB Circular A-110
Non-Profit Organization	OMB Circular A-122	OMB Circular A-133	SULCAG	OMB Circular A-110
For Profit Organization	48 CFR 31	n/a	n/a	OMB Circular A-110
Document OMB Circulars OMB Common Rule CFRs SULCAG	Web Address http://www.whitehouse.gov/omb/circulars/index.html http://www.whitehouse.gov/omb/grants/attach.html http://www.access.gpo.gov/nara/cfr/cfr-table-search.html http://www.sao.state.ut.us/resources/resources-lg.htm			

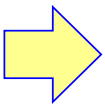
a. Unless specifically exempted in the Contract's or Grant's special provisions, the proposed Contractor or Grantee must comply with applicable federal cost principles and grant administration requirements if state funds are received. If a Contract or Grant is awarded, the Contractor or Grantee shall also provide the Department with a copy of all reports required by the State of Utah Legal Compliance Audit Guide (SULCAG) as defined in Chapter 2a, Title 51, UCA. A Contractor or Grantee who receives federal, state, or local government funds may be subject to federal and State of Utah reporting and audit requirements. Copies of required reports shall be sent to the Utah Department of Health, Bureau of Financial Audit, Box 144002, Salt Lake City, Utah 84114-4002.

b. Federal audit requirements demand that organizations that expend $500,000 or more in a year in federal financial assistance shall have a single or program specific audit conducted for that year. SULCAG requires the filing of reports with the State Auditor by all counties, cities, towns, school districts, and non-profit corporations that receive at least 50 percent of its funds from federal, state, or local government entities. The Contractor or Grantee will assure compliance with these requirements and will initiate the process by providing the following data:



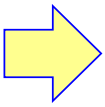
1. Contractor's or Grantee's accounting year:

   From _____ To _____



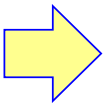
2. Funding projected from Federal, State, or Local governments:

   Amount $_____ Percent of Total Revenues ____%



3. Single Audit:

Performed last year	Yes ☐	No ☐
Required for current year	Yes ☐	No ☐



4. Contractor's or Grantee's representative for financial matters:

   Name _____

   Title _____ Phone No. _____

4. has established safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

5. shall comply with all applicable requirements of all other laws, executive orders, regulations and policies governing this program.

6. to the best knowledge and belief of the proposed Contractor or Grantee and its principals, the proposed Contractor or Grantee and its principals:
(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or excluded from covered transactions by any Federal Department or Agency (http://epls.gov);
(b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
(c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph 6(b) of this certification; and
(d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default;

By submitting this proposal, the proposed Contractor or Grantee agrees to include without modification the clauses contained in paragraph 6(a) through (d) with subgrantees or contractors, in all lower tier covered transactions and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76. Should the proposed Contractor or Grantee not be able to provide this certification, an explanation, signed by the proposed Contractor or Grantee as to why certification cannot be provided, should be attached to this document.

7. is in compliance with government-wide guidance on lobbying restrictions (31 U.S.C. § 1352) and that:
   a. no federal funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any federal agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the

awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

b. if any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any federal agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the federal contract, grant, loan, or cooperative agreement, the Contractor or Grantee shall complete and submit Federal Standard Form LLL, "Disclosure Form to report Lobbying," in accordance with its instructions.

8. has disclosed all public officers or employees who are related parties to the proposed Contractor or Grantee. As used in this paragraph, "related parties" means any person related to the proposed Contractor or Grantee by blood, marriage, partnership, common directors or officers, or 10% or greater direct or indirect ownership in a common entity. (Disclosure is to be made by attaching a separate sheet to this document listing all public officers and employees who are related parties to the proposed Contractor or Grantee.)

9. has complied with the Public Officers' and Employees' Ethics Act, § 67-16-10, UCA, which prohibits actions that may create or that are actual or potential conflicts of interest. It also provides that "no person shall induce or seek to induce any public officer or public employee to violate any of the provisions of this act."

AUTHORIZED AGENT OF PROPOSED CONTRACTOR OR GRANTEE

_____ _____
Signature Date

STATE OF _____ |
| SS.
COUNTY OF _____ |

On this _____ day of _____, 20____ , _____ personally appeared before me and executed the above certification in my presence.

_____
NOTARY PUBLIC

Residing at: _____

My Commission Expires: _____

If the proposed Contractor or Grantee is a corporation the following Corporate Acknowledgment must be completed.

I, _____, certify that the following are authorized agents of _____
(Corporate Secretary) (Name of Corporation)

and are duly authorized by authority of said corporation to sign the above assurances and the Contract or Grant on behalf of the corporation.

_____ _____
(Authorized Agent of Corporation **) Title
Print or Type: Name and Title

_____ _____
(Authorized Agent of Corporation **) Title

_____ _____
Corporate Secretary Signature date

** (Note: authorized agent of Corporation must not be Corporate Secretary)

CORPORATION SEAL